

Medford Lakes FAQ Guide

New Hire FAQ's:

Which Employees Are Eligible For Benefits?

Members of the Medford Lakes Education Association, General Staff, and Administrative Staff that work 28 hours or more a week are eligible for health insurance coverage.

Medical Insurance

Members may choose the Patriot X or Premier plan and pay the difference in premium.

MLEA Employees Hired After 7/1/2013– Board pays 100% for Aetna PPO Core (POSII) plan (after employee contribution). MLEA members may choose a higher priced plan and pay the difference in premium.

New Hires

New Hires are eligible for single coverage only for the first three years of their employment. Eligible employees may buy-in to the other enrollment levels under rules established by the Business Office.

What Qualifies As A Dependent?

- Spouse, Civil Union Partner, and Children
- A newborn child is covered for 60 days from the date of birth. To continue coverage beyond this initial period, the newborn child must be enrolled within the initial 60 day period.
- To continue coverage for a handicapped child evidence of the child's incapacity and dependency must be provided to the carrier at least 31 days prior to the termination of coverage.
- **Medical and Prescription Dependent Coverage:** Under the Patient Protection and Affordable Care Act: A child is defined as an enrollee's child until age 26, regardless of the child's marital, student, or financial dependency status even if the young adult no longer lives with his or her parents. Coverage will be extended to eligible children through the **end of the month** in which they turn age **26** for your Medical and Prescription plans or when the employee's coverage ends.
- **Dental Coverage**– Dependent children are covered until the end of the calendar year in which the unmarried child reaches the age of twenty-three (23).

What Is The Waiting period?

Medical and Prescription- Coverage becomes effective 1st of the month following date of hire.

Dental- First day of the month following two months of employment.

Medical FAQ's:

What do these Health Insurance terms mean?

Health Insurance can be confusing at times, so please refer to this [Flyer](#) for a useful guide in defining some of the terminology.

What Is The Health benefits Mobile Phone App?

Aetna Mobile App- Aetna HMO and Aetna Medicare Plan (HMO) members Connect to Aetna right now from a cell phone, smartphone, or other web-enabled mobile device and access Aetna's most popular online tools from just about anywhere!

When someone goes to Aetna.com from their mobile phone's web browser, they can: Find a doctor, dentist, or other facility Access your personal health record, Look up a claim, or View your Aetna member ID card It is safe, quick, and easy. Just type Aetna.com in your mobile browser or check your device's App Store for availability.

For additional details visit the [Aetna Mobile information page](#).

Where Can I Find Participating Providers?

DocFind provides instructions on using the Aetna Doc Find to locate participating providers.

[Click Here](#) to learn more about Doc Find

To search for participating providers in your area [Click here](#)

What is Aetna Navigator?

The Aetna Navigator allows you to access your personal benefits information on-line. After you register, under "Select From Your Memberships and Programs" choose the **SNJ Regional Employee Benefit Fund beginning 12/1/2010**. (Please note- you will see an option for Southampton Board of Education. This is your previous Aetna plan). Once logged in, you will be able to:

- Check the status of a medical claim.
- Change your Primary Care Physician. (When selecting a Primary Care Physician, please make sure to select QPOS as your plan selection. Members who do not select QPOS will have the wrong Provider ID number and will not have the correct PCP listed on their ID card.)
- Request a new or additional ID card
- Review the Aetna Benefit Booklet specific to your group.
- [New Instant Eligibility Feature on Aetna Navigator](#)

It's easy to sign up. Log into www.aetna.com and click on register under Member Log-In.

When Should I Choose Urgent Care Over the Emergency Room?

When you are faced with a sudden illness or injury, making an informed choice on where to seek medical care is crucial to your personal and financial well-being. [Click Here](#) to find some examples of when you should seek treatment at an Urgent Care Center, and when a more serious condition might require a visit to the Emergency Room.

Do I Have Out Of Country Coverage?

In the event of an emergency when traveling overseas, please note Aetna will cover a medical emergency. A medical emergency claim can be sent over to Aetna for processing which will be applied towards your ER benefit. However, there is no coverage for routine and non-emergency visits overseas.

Who Is a Diagnostic Provider Under Aetna?

Under Aetna, Quest Diagnostics is the provider for all diagnostic testing (i.e. blood work, urine analysis, etc.). Please note, Labcorp is not a participating provider with Aetna.

Visit the Quest Diagnostics website to find a location near you or to make an appointment:

<http://www.questdiagnostics.com/>

Where Can I Compare My Medical Plan Options?

If you are a member of the Administrative Staff, please click [Here](#) to compare your medical plan options.

If you are a member of the General Staff, please click [Here](#) to compare your medical plan options.

If you are a member of the Medford Lakes Education Association, please click [Here](#) to compare your medical plan options.

Dental FAQ's:

What Is The Difference Between The Delta Dental Premier Plan and The Delta Dental PPO Plan?

Premier vs. Preferred (PPO) Network Size- The Premier network is significantly bigger than the PPO network. In New Jersey, there are about 9,000 participating dentists for the Premier Plan.

For the PPO plan, the network is more exclusive. There are approximately 5,000 participating dentists in the New Jersey area.

Delta Dental Premier:

The Delta Dental Premier plan offers the largest network of participating dentists. Delta Dental Premier participating dentists and *Participating Specialists* agree to pre-file their usual fee for each procedure commonly performed, and accept the least of their actual charge, their filed fee, or Delta Dental's established *UCR* as payment in full. This provides guaranteed copayment levels and a consistent level of charges to eligible patients. Claims for non-network providers services are paid based on the lesser of the dentist's actual charge or the prevailing fee as determined by Delta Dental.

Your benefit levels may vary based on the program in which your dentist participates as indicated in the schedule of benefits which appears in the member handbook. You are responsible for payment of the difference between Delta Dental's payment and the fee approved by Delta Dental.

Delta Dental PPO:

The Delta Dental PPO network is a smaller network than the Premier network, but still substantial. Delta Dental PPO participating dentists have agreed to accept the applicable schedule of maximum allowable charge(s) as payment in full, offering guaranteed copayments to eligible patients using network dentists. These fees generally mean lower copayment costs to you. You may also select a Delta Dental Premier dentist who is not a Delta Dental PPO dentist. Delta Dental Premier participating dentists agree to pre-file their usual fee for each procedure commonly performed, and accept the least of their actual charge, their filed fee, or Delta Dental's established *UCR* as payment in full; however, Delta Dental's payments will be based on the applicable Delta Dental PPO schedule. Claims for services provided by *Participating Specialists* are paid based on the lesser of their usual fee, their actual fees, or Delta Dental's *UCR* fee for the procedure. Claims for non-network providers services are paid based on the lesser of the dentist's actual charge or the applicable Preferred Table of Allowance.

Your benefit levels may vary based on the program in which your dentist participates as indicated in the schedule of benefits which appears in the member handbook. You are responsible for payment of the difference between Delta Dental's payment and the fee approved by Delta Dental.

How Do I Contact Delta Dental's Customer Service Department?

If you have any questions regarding your dental benefits, you may contact the Delta Dental Customer Service Department Monday through Thursday, 8:00 a.m. to 6:30 p.m. EST and Friday, 8:00 a.m. to 5:00 p.m. EST, at 1-800-452-9310 or email Customer Service at service@deltadentalnj.com.

For a directory of participating dentists, you may call 1-800-DELTA-OK or you may access their on-line directory at <http://www.deltadental.nj.com>

What Is Delta Dental's Benefits Connection?

Your connection to your Delta Dental benefits, eligibility, and claim information.

- Determine your dental maximum and deductible balances
- Check the status of your claims
- Print a copy of your ID card.

- Available 24 hours a day, seven days a week

Registration is easy. Log onto <http://www.deltadentalnj.com> and click on Register Now!

[Delta Dental Exclusions and Limitations](#)

For more information about your Delta Dental Benefits: www.deltadentalnj.com

Prescription FAQ's:

What Is Express Scripts?

Express Scripts is the prescription administrator for the Medford Lakes Board of Education. To contact Express Scripts Customer Service, call the number on your member identification card or sign in to the Express Scripts website at www.expressscripts.com. Once you sign in, Express Scripts can give you any phone numbers specific to your prescription plan and you can e-mail Express Scripts with questions about your plan or your bill and get a secure reply.

What Is A Maintenance Medication?

A maintenance medication is a medication that you take on a regular basis for an ongoing condition, such as high blood pressure medication. For a list of all maintenance medications, please see the attached list. For short-term illness requiring a one-time prescription, such as an antibiotic, your local participating pharmacy is still the best choice. This benefit enhancement does not pertain to members who are not on maintenance medications.

For a list of maintenance medications, [Click Here](#).

Why Should I Participate in the Select Home Delivery Program?

Ordering your maintenance drugs through the Express Scripts home delivery program will save you money! The mail order copay for Medford Lakes Board of Education employees is less than the amount you would pay at your retail pharmacy for a Generic or Brand name drug. Select Home Delivery is also a convenient way to have your medications delivered right to your home. All medications are packaged properly to ensure the quality of the medication.

I am on a maintenance medication now, but I have it filled at my local pharmacy each month.

1) How do I enroll in the Home Delivery Program? There are 3 ways to enroll:

- Sign in at <http://www.starhomedelivery.com/> and follow the prompts.
- Call Express Scripts at **888.772.5188** (have your ID card) & request to be enrolled.
- Or, complete and mail in the Express Scripts mail order form- [Forms](#) tab

2) How do I continue using my local pharmacy for my maintenance medications?

Members may choose to opt out of the Select Home Delivery and continue to purchase their maintenance medications at their local pharmacy, however you must contact Express Scripts at **888.772.5188** or at <http://www.express-scripts.com/> and let them know you want to opt out of the program.

For more information, [Click Here](#).

Which of My Medications Is Ideal For Home Delivery (Mail Order)?

Use Home Delivery for your maintenance medications. For short-term illness requiring a one-time prescription, such as an antibiotic, your participating pharmacy is the best choice. For a copy of the Express Scripts mail order brochure, [click here](#). For a Express Scripts mail order form, [click here](#).

How Do I order Specialty Medications?

CuraScript, the Express Scripts Specialty Pharmacy, is a full service specialty pharmacy that provides personalized care to each patient. With CuraScript, your specialty medications are quickly delivered to your home or to your doctor's office, at no additional charge. **To get started, contact CuraScript at 866-848-9870.**

For more information, please visit Express Scripts website at- <http://www.expressscripts.com/>

Which Medications Are Covered?

1. Federal Legend Drugs

Any FDA approved medicinal substance which bears the legend Caution: Federal Law prohibits dispensing without a prescription.

2. State Restricted Drugs

Any medicinal substance which may be dispense by prescription only, according to State Law

New Jersey State Law requires available generic drugs to be dispensed by the pharmacist unless a prescribing physician specifically indicates that only a brand name be dispensed or a patient insists on a brand name. Consequently, unless a brand name prescription drug is stipulated as medically necessary by the prescribing physician, participating providers may require cardholders under this contract who decline a generic alternative to pay any drug costs in excess of the reimbursable generic price. The dispensing pharmacist will be reimbursed based upon the appropriate generic price.

3. Diabetic Supplies

Blood Glucose monitors, disposable blood/urine glucose/acetone testing agents, disposable needles/syringes, insulin, insulin delivery devices (e.g. BD Pen, NovolinPen and NovoPen), lancets and lancer devices.

4. Compounded Medications

A compounded medical prescription is an extemporaneously prepared dosage form. The compound must contain at least one federal legend drug in a therapeutic amount; or a combination of ingredients

which require a prescription by law when compounded into a specific dosage form for an individual patient at the direction of a prescriber, and which is also in a therapeutic amount.

5. *Tretinoin topical (e.g. Retin-A)*

For individuals through the age of 25 years.

6. *Legend female contraceptives.*